

MCO Renewal Status Report

Summary File Name: PHE_Unwind_MCO_Renewal_Status_MMDDCCYY.csv

Frequency: Twice a Month

Channel: SFTP

Report Column	Details	Max Field Size	Format	Optional or Required?
DOB	Indicates the date of birth of the member. The format for this field is mm/dd/yyyy	10	DATE	Required
Gender	Indicates the gender of the member. Valid values for this field are M and F.	1	CHARACTER	Required
Benefit Plan	Indicates the member's benefit plan as it is shown in ForwardHealth, such as BCSP or SSI.	4	CHARACTER	Optional
Med Stat	Indicates the medical status code on file in CARES for a member.	2	CHARACTER	Optional
Eligibility End Date	Indicates the member eligibility end date on file in CARES.	10	DATE	Required
Address Line 1 – Home	Indicates the member's home address line 1 in CARES.	80	CHARACTER	Optional
Address Line 2 – Home	Indicates the member's home address line 2 in CARES.	80	CHARACTER	Optional
City – Home	Indicates the city in which the member has on file for their home address in CARES.	15	CHARACTER	Optional
State – Home	Indicates the state in which the member has on file for their home address in CARES.	2	CHARACTER	Optional

Zip+4 – Home	Indicates the state in which the member has on file for their home address in CARES. 0's converted to blanks for Zip+4.	9	CHARACTER	Optional
County – Home	Indicates the home county in which the member has on file for their home address in CARES.	2	NUMERIC	Optional

Summary

Report Column	Details	Max Field Size	Format	Optional or Required?
Medicaid ID	Indicates the unique Medicaid identifier of the member.	10	NUMERIC	Required
CARES PIN	Indicates a number which uniquely identifies a member within CARES.	10	NUMERIC	Required
CARES Case	Indicates a number which uniquely identifies a household.	10	NUMERIC	Required
Renewal Status Category	Indicates the status of an individual's renewal.	60	CHARACTER	Required
First Name	Indicates the first name of the member.	15	CHARACTER	Required
Last Name	Indicates the last name of the member.	20	CHARACTER	Required
Suffix	Indicates a name/number that further describes the individual (eg: 2-Sr,3-III).	3	CHARACTER	Optional

Report Column	Details	Max Field Size	Format	Optional or Required?
Address Line 1 – Mailing	Indicates the member’s mailing address line 1 in CARES.	80	CHARACTER	Optional
Address Line 2 – Mailing	Indicates the member’s mailing address line 2 in CARES.	80	CHARACTER	Optional
City – Mailing	Indicates the city in which the member has on file for their mailing address in CARES.	15	CHARACTER	Optional
State – Mailing	Indicates the state in which the member has on file for their mailing address in CARES.	2	CHARACTER	Optional
Zip+4 – Mailing	Indicates the state in which the member has on file for their mailing address in CARES. 0's converted to blanks for Zip+4.	9	CHARACTER	Optional
Mailing Address Last Updated Date	Indicated the date of the last time the member updated their mailing address in CARES.	10	DATE	Optional
Phone Number - Home	Indicates the home phone number in which the member has on file in CARES.	10	CHARACTER	Optional
Phone Number - Work	Indicates the work phone number in which the member has on file in CARES.	17	CHARACTER	Optional
Phone Number - Cell	Indicates the cell phone number in which the member has on file in CARES.	10	CHARACTER	Optional
Phone Number - Message	Indicates the message phone number in which the member has on file in CARES	17	CHARACTER	Optional
Email Address	Indicates the email address in which the member has on file in CARES.	50	CHARACTER	Optional

Report Column	Details	Max Field Size	Format	Optional or Required?
Preferred Contact Method	Indicates the preferred contact method which the member has on file in CARES.	200	CHARACTER	Optional
Race	Indicate the race of the individual. Values include: American Indian / Alaskan, Asian, Black / African American, Hawaiian / Other Pacific Islander, White, Other, Unknown, Decline to answer, Multi-race	500	CHARACTER	Optional
Ethnicity	Indicates if the member is Hispanic. Values include: Hispanic or Latino/a, Non-Hispanic or Latino/a, Not Available	500	CHARACTER	Optional
Language	Indicates the primary language of the member.	200	CHARACTER	Optional
ACCESS Account Indicator	Indicates whether the member has an ACCESS Account or not with a Yes or No value. Valid values for this field are Y or N.	1	CHARACTER	Optional
MCO Assignment Plan	Indicates the MCO Assignment Plan the member is enrolled in. Data source is interChange and will not be available in Part A delivery. Valid values are: FAMCR, PACE, PACPB, or IRIS.	5	CHARACTER	Required
MCO Payee ID	Indicates the MCO Payee ID.	8	CHARACTER	Required
MCO Name	Indicates the MCO Name	50	CHARACTER	Required
MCO Assign ID	Indicates the MCO Assign ID.	8	CHARACTER	Required